

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias **1** Juvenile **N**

OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20003974	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No
Location of Arrest (Including Name of Business) ALT A1A AND HOOD RD. PALM BEACH GARDENS, FL 33418				Location of Offense (Business Name, Address) ALT A1A AND HOOD RD. PALM BEACH GARDENS, FL 33418		
Date of Arrest 09/05/2020	Time of Arrest 20:45	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle) **CUNNINGHAM, KAITLYN, NICHOLE** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race **W - White I - American Indian** Sex **B** Date of Birth **01/19/1996** Height **5'7"** Weight **160** Eye Color **BROWN** Hair Color **BROWN** Complexion **LIGHT** Build **SM**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **HEARTH RIGHT LEG** Marital Status **Single** Religion **NONE** Indication of Alcohol Influence Drug Influence Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone
2500 N FEDERAL HWY #211 BOCA RATON FL 33431 (740-) 466-8984

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone
2500 N FEDERAL HWY #211 BOCA RATON FL 33431 (740) 466-8984

Business Address (Name, Street) (City) (State) (Zip) Phone
() () () ()

D/L Number, State **C-552-514-96-519-0 FL** Soc. Sec. Number **[REDACTED]** INS Number **[REDACTED]** Place of Birth (City, State) **Chillicothe, OH** Citizenship **US**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony
 2. At Large 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony
 2. At Large 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: Name (Last) (First) (Middle) Residence Phone
() () () ()

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone
() () () ()

Notified by: (Name) Date Time Juvenile Disposition
1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address.
 Yes, by: (Name) No: (Reason)

School Attended Grade

Property Crime? Yes No Description of Property Value of Property

Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other
N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

Charge Description DUI - DAMAGE TO PERSON/PROPERTY	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #
Drug Activity N	Drug Type N/A	Amount / Unit N/A	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court Room Number, Address)
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time
Month **OCTOBER** Day **7** Year **2020** Time **10:00** AM PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent /Custodian) **[Signature]** Date Signed **09/05/2020**

HOLD for other Agency Name: Dangerous Resisted Arrest Suicidal Other: Signature of Arresting Officer **[Signature]** Name Verification (Printed by Arrestee) **[Signature]**

Name of Arresting Officer (Print) **Ofc. Romero** I.D. # **ID-502** (PRINT)

Intake Deputy **DS Collins 7602** I.D. # **[REDACTED]** Pouch # **[REDACTED]** Transporting Officer **OFC ROMERO** ID # **502** Agency **PBGPD** Witness here if subject signed with an "X" 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

J# 0518393 **D# 3841** **[Signature]**

ON THE 5 DAY OF SEPTEMBER 20 20, AT 19:40 AM PM

SUBJECT: CUNNINGHAM, KAITLYN, NICHOLE CASE NUMBER: 20003974

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Romero ID-502

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On September 5, 2020, at approximately 7:42 pm., I was dispatched to the area of ALT A1A and Hood Rd, in the City of Palm Beach Gardens in Palm Beach County, Florida, to assist in a motor vehicle crash. Please see Officer Paquette #526 crash report. Upon my arrival, I was advised by officers at the scene, that Kaitlyn Cunningham, identified via her FL DL, was one of the drivers involved in the crash.

Officer Paquette conducted a traffic investigation. Cunningham was provided with the driver's exchange form. After concluding the traffic investigation, I informed Cunningham, that I was going to initiate an investigation for the suspicion of DUI based on the totality of the circumstances observed.

OBSERVATION OF DRIVER:

While speaking to Cunningham, I could smell the scent of an unknown alcoholic beverage emitting from Cunningham's breath while at a conversational distance. I observed Cunningham's pupils be dilated more than a normal person, the sclera of her eyes to be reddened, her eyes to be watery, her face to be flushed, and her speech to be slow and slurred. I asked Cunningham to perform a series of Standardized Field Sobriety Tasks (SFST's). Cunningham agreed to perform SFST's. Cunningham performed the tasks on a flat surface that was well lit.

DRIVER'S STATEMENTS:

I asked Cunningham if she suffers from any medical conditions that would prohibit her from operating a motor vehicle, to which she advised that she suffer from [REDACTED]. Post-Miranda I asked Cunningham if she consumed any alcohol, which she replied that she consumed a few drinks while at a boat. I also asked Cunningham if she was the operator of the vehicle and she said yes.

ODORS:

Strong odor of the additives of an unknown alcoholic beverage emitting from her breath from a conversational distance.

GENERAL OBSERVATIONS

SPEECH: Slow, thick, slurred

ATTITUDE: Cooperative and emotional

CLOTHING: Bathing suit and a white shirt

MEDICAL/OTHER: [REDACTED]

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of September 20 20 by Ofc. Romero

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Vertical Gaze Nystagmus was observed. Cunningham needed to be reminded several times to keep his head still and to follow the stimulus.

WALK & TURN:

I explained and demonstrated the instructions to Cunningham, who stated she understood. During the instruction stage, Cunningham was confused about the instructions and needed to be explained the starting position several times. She was unable to place herself in the starting position. During the first set of steps, Cunningham failed to step heel to toe consistently; she used her arms for balance; was unsteady on her feet; did not count all steps out loud; made an improper turn, failing to take a small series of steps to turn. On the return set of steps, Cunningham was observed using her arms for balance and missing heel to toe consistently.

ONE LEG STAND:

I explained and demonstrated the instructions to Cunningham, who stated she understood. During the instruction stage, Cunningham was confused about the instructions and needed to be explained the starting position several times. Upon beginning the exercise, Cunningham swayed while balancing. She raised her arms over six inches to keep her balance. Cunningham continued county after I told her to stop.

FINGER TO NOSE:

I explained and demonstrated the instructions to Cunningham, who stated she understood. Cunningham did not perform the task as instructed. She raised the appropriate finger but did not touch the tip of the finger to the tip of the nose as instructed and demonstrated.

WALK & TURN:

[Empty box for Walk & Turn observations]

BREATH TEST RESULTS: Refused Refused

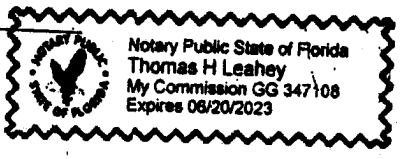
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 502
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of September 2020 by Ofc. Romero

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: CUNNINGHAM, KAITLYN CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) READ ON CAMERA

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: CUNNINGHAM, KAITLYN^N CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Ofc. Romero, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 5 day of SEPTEMBER, 20 20, at 20:45 P.M. A.M.

DRIVER KAITLYN NICHOLE CUNNINGHAM
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C-552-514-96-519-0, state of FL, was placed under lawful arrest for

the offense of DUI - DAMAGE TO PERSON/PROPERTY by Ofc. Romero and
issued Citation # A56HC3E (Name of Arresting Officer)

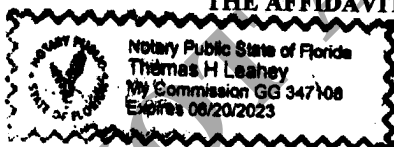
That on or about the 5 day of SEPTEMBER, 20 2020, at 21:39 P.M. A.M.

in PALM BEACH County.

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before
me this 5 day of September, 20 20,
by Ofc. Romero

who is personally known to me or who has produced
Personally Known as identification

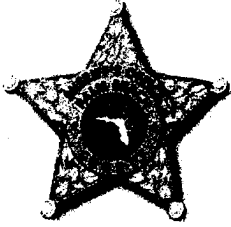
Notary Public [Signature]

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-104331 PBSO ZONE 3-13

AGENCY CASE # 20003974 CRASH CASE # _____

TIME OF STOP/CRASH 19:40 DATE 09/05/2020 DAY SATURDAY

SUBJECT'S NAME CUNNINGHAM KAITLYN NICHOLE RACE W SEX F
LAST FIRST MID

HGT 5'7" WGT 160 DOB 01/19/1996

LOCATION ALT A1A AND HOOD RD. PALM BEACH GARDENS, FL 33418

ARRESTING OFFICER'S NAME & ID Ofc. Romero ID-502 AGENCY PBGPD

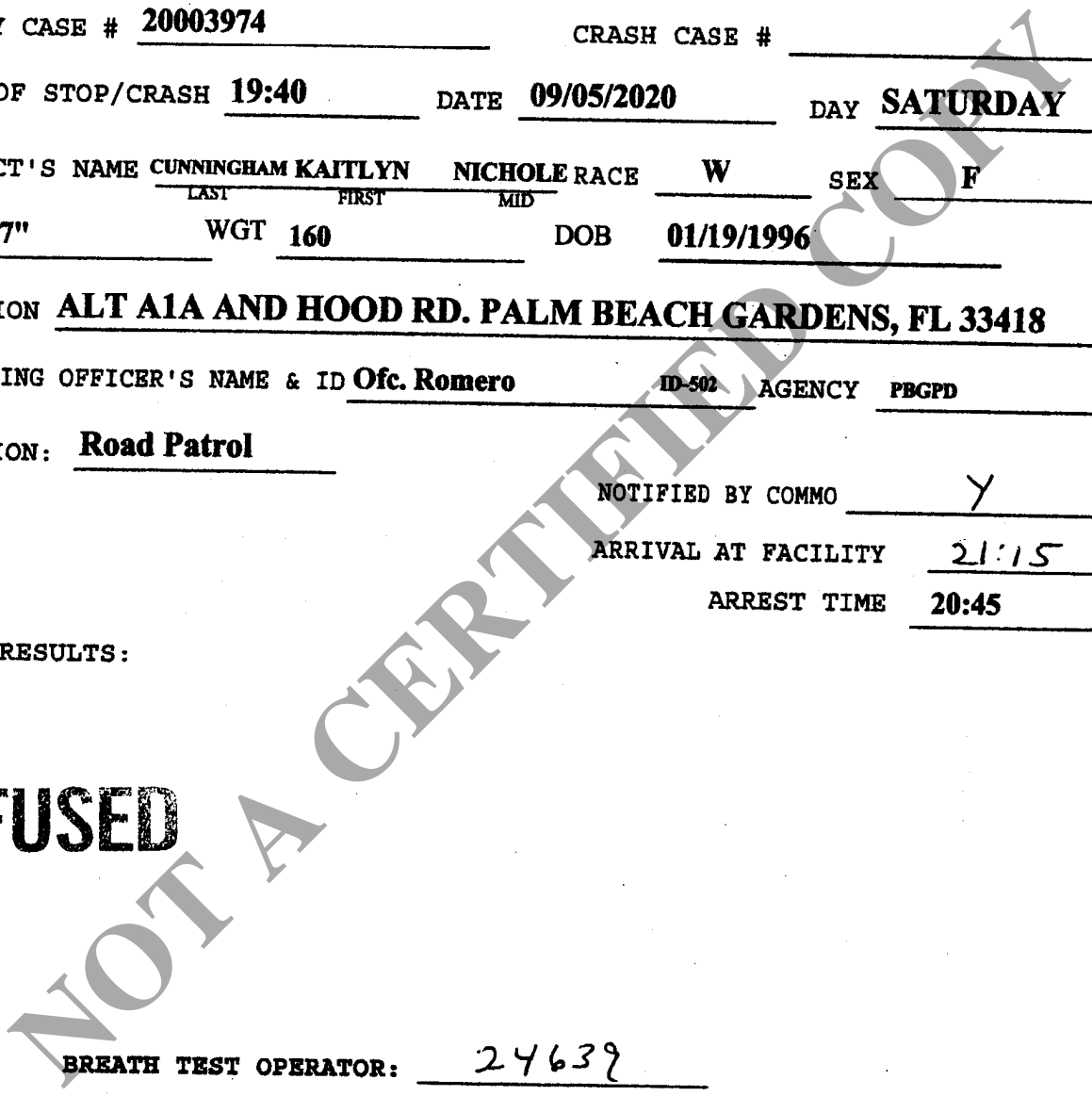
DIVISION: Road Patrol

NOTIFIED BY COMMO Y
 ARRIVAL AT FACILITY 21:15
 ARREST TIME 20:45

BREATH RESULTS:

REFUSED

BREATH TEST OPERATOR: 24639



WITNESS LIST

CASE NUMBER: 20003974

ARRESTING OFFICER: Ofc. Romero

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc Paquette

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: CUNNINGHAM, KAITLYN N

CASE NUMBER: 20-104331

DATE: Sep 5, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:38

ENDING TIME: 21:41

BREATH TESTS RESULTS: 1) R TIME 21:39 A.M. P.M. 2) N/A TIME N/A A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: LOW

ATTITUDE: CRYING, UPSET

CLOTHING: GREY DRESS, NO SHOES

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:15 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

REFUSED



Palm Beach County Sheriff's Office – Arrests Only

X	Florida State Statute	Description	Page Number(s)	
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	4, 11
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020021086	Date: 9/6/2020
	Specialist Name/ID: M. Tooks #8557